

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/936352	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								*	
1	/						51								
2							52								
3	12						53								
4	21						54								
5	16						55								
6	21						56								
7	14						57								
8	41						58								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	/														
TOTAL DEP.	26														
TOTAL CLAIMS	21														